

**HAMPTON CITY SCHOOLS**

One Franklin Street  
Hampton, VA 23669-3570  
(757) 727-2400

TO:

Date of Request \_\_\_\_\_

**AUTHORIZATION FOR RELEASE AND EXCHANGE OF INFORMATION**

Please forward all available records requested that you have pertaining to the following student:

Name of Student	Grade	Date of Birth
<input type="checkbox"/> Medical Records (Immunization Records)	<input type="checkbox"/> Psychological Records/Reports	
<input type="checkbox"/> Academic Records (Grades and Credits)	<input type="checkbox"/> Social Work Information	
<input type="checkbox"/> Standardized Test Results	<input type="checkbox"/> Educational Records	
<input type="checkbox"/> Discipline Records	<input type="checkbox"/> Eligibility Reports	
<input type="checkbox"/> IEP	<input type="checkbox"/> Other:	

\_\_\_\_\_  
Name of Person Requesting Information

\_\_\_\_\_  
School/Department

\_\_\_\_\_  
Street

\_\_\_\_\_  
City, State, Zip

**PARENTAL PERMISSION TO RELEASE RECORDS**

In accordance with the Family Rights and Privacy Act of 1974, I hereby give my permission to the above school official to request release of my son's/daughter's records from your school. Such request for disclosure is for the purpose of enrollment and shall include the types of records listed above. This authorization is effective one (1) year from date of signature.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Legal Guardian